

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER ANY AMENDMENT		AFTER THIS AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
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50						
TOTAL IND.	6					
TOTAL DEP.	27					
TOTAL CLAIMS	33					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						